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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Researchers have faith in anthrax vaccinations
By Douglas J. Gillert, American Forces Press Service

FORT DETRICK, Md. -- John Kondig began receiving anthrax vaccinations over 25 years ago when he was a soldier working at Walter Reed Army Medical Center's research laboratory.

Today, Kondig still works as a research chemist at the medical center, now called the U.S. Army Medical Research Institute of Infectious Diseases, and he along with other researchers still get regular anthrax boosters as well as many other vaccinations against biological agents. For Kondig, it's a matter of playing it safe.

"If you think you may be going to an area where anthrax is endemic, I would take the vaccination, just as a safety precaution," said Kondig. "It's a much safer situation than risking the disease."

As a chemist, Kondig said he understands the research that goes into creating a vaccine, which is why he has faith

in the anthrax vaccine.

"I've been involved enough in producing vaccines for trial tests to know what kind of work goes into making those safe and effective," he said. "I never had any questions about taking them."

Kondig said nearly all his laboratory colleagues received anthrax inoculations and none of them have experienced problems from the shot aside from some initial soreness that quickly dissipates. Army Spc. Amber Stanley didn't know much about anthrax when she arrived at Fort Detrick in 1997. But after seeing the positive effects of anthrax on laboratory animals, she's glad she has the protection the shots provide.

"I don't think it's very intelligent of people not to get the shots," she said. "Everyone here has had the shots and I haven't met anyone who's had any problems."

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Headline: "Designated providers" offer TRICARE benefits in selected areas

From TRICARE Management Activity

ALEXANDRIA, Va. --If you live near one of a number of selected civilian medical facilities around the country called "designated providers," you may be able to enroll in the Defense Department's Uniformed Services Family Health Plan (USFHP), and get TRICARE Prime benefits-even if you are age 65 or older.

At the hospitals named as designated providers (DPs), the USFHP's managed health care program provides TRICARE Prime benefits and cost-shares for eligible persons who enroll-including those who are Medicare-eligible. USFHP's TRICARE-like benefits do not include the "point-of-service" option, under which TRICARE Prime enrollees can get non-emergency care outside their Prime network without their primary care manager's authorization, but pay higher cost-shares and deductibles for the privilege. All care for a USFHP enrollee that's going to be cost-shared by the government must be received from the patient's "home" DP, unless the enrollee is traveling.

During the period of enrollment, enrollees must live in a specific zip code near one of the designated hospitals. They may not seek care at military hospitals, or under TRICARE at other civilian medical facilities. Medicare-eligible enrollees must also agree not to use their Medicare benefits for services covered under TRICARE Prime.

Family members of active-duty service members may enroll in the USFHP at any time. Retirees and their eligible family members may enroll during annual open-enrollment periods, which run for 60 days before the beginning of each TRICARE contractor's option period. Option periods vary by region, so check with your regional TRICARE contractor to find out when that contractor's option period begins.

As in TRICARE Prime, non-active-duty USFHP enrollees must pay an annual enrollment fee of 230 dollars for one person,

or 460 dollars for a family. There's no enrollment fee for active-duty family members. The enrollment fee is waived for persons who are enrolled in Medicare Part B.

The designated providers for the USFHP program are:

- PacMed Clinics, 1200 12th Ave. South, Seattle, WA 98144. Telephone:

1-800-585-5883

- Sisters of Charity Health Care System: St. Mary Hospital in Port Arthur, Texas, with additional service to eligible persons in the Galveston area; St. John Hospital in Nassau Bay, Texas; and St. Joseph Hospital in Houston, Texas. Address: P.O. Box 924708, Houston, TX 77292-4708. Telephone: 1-800-678-7347.

- Fairview Health System, 18101 Lorain Ave., Cleveland, OH 44111. Telephone: 1-800-662-1810 (Ohio only); or (216) 476-2534.

- Martin's Point Health Care Center, P.O. Box 9746, Portland, ME 04104-5040. Telephone: 1-888-674-8734.

- Brighton Marine Health Center (in conjunction with St. Elizabeth's Medical Center, in Boston), 77 Warren St., Brighton, MA 02139. Telephone: 1-800-818-8589.

- Johns Hopkins Medical Services Corp., 3100 Wyman Park Drive, Baltimore, MD 21211. Telephone: 1-800-808-7347.

- Sisters of Charity Medical Center at Bayley Seton, 75 Vanderbilt Ave., Staten Island, NY 10304. Telephone: 1-800-241-4848.

You can find more information about each of these designated providers on the Internet, at the USFHP Web site, at: www.usfhp.com.

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Headline: Facilities management strengthens customer service

By LT Jensin W. Sommer, Bureau of Medicine and Surgery

WASHINGTON, DC -- When customers visit a Navy medical or dental facility and see construction or maintenance crews working in common areas their initial reaction may be annoyance at the inconvenience and noise. What these beneficiaries may not realize is that the work they witness is part of Navy Medicine's commitment to customer service.

Whether it's a new baby delivery and recovery ward or a renovated dental clinic, the Facilities Management and Plans division (Med-33) at the Bureau of Medicine and Surgery (BUMED) in Washington, DC, was involved from the start. Med-33 is responsible for overseeing the planning, design, construction, maintenance and repair of the Navy's medical and dental facilities. The division, which is part of the MED-03 Health Care Operations directorate at BUMED, has been busy with numerous construction and renovation projects throughout Navy Medicine aimed at better serving beneficiaries and hospital staff alike.

A highlight of the projects include: a brand new, one million square feet medical center in Portsmouth, Va, to be opened this Spring; new hospital additions to begin this

year at Bremerton, Wash., and Pensacola, Fla.; a new hospital that broke ground in Naples, Italy recently; three new clinics that will be available for recruits at Great Lakes later this year; new clinics recently completed at Yuma, Ariz.; and other construction underway at Lemoore, Calif. and Key West, Fla. and MCAS Miramar, Calif. and Quantico, Va.

These are just some of the many recent or current construction or renovation projects throughout Navy Medicine. They are important to helping Navy Medicine do its job, according to CDR Timothy F. Biggins, CEC, director of facilities management and plans at BUMED.

"We are constantly updating our medical facilities to keep pace with rapid advances in medical care and changes under managed health. We have been working to accommodate the increasing need to expand outpatient services such as Same Day Surgery Clinics, modernize our Birthing Centers to LDR and LDRP (labor, delivery, recovery, and postpartum) rooms, and to install the latest in Tele-radiology and MRI technology," he said. "Our facilities have to meet these needs to make them the first choice for our beneficiaries."

The process required to provide the latest medical technology and modern facilities is very complex and involves the coordination of a whole host of consultants and professionals. Each medical facility has a manager who is responsible for that command and acts as a liaison with Med-33. At larger facilities, the facilities managers are often Civil Engineer Corps officers like Biggins, whereas smaller commands have Medical Service Corps officers or civilians serving as managers.

"The end result of a renovation or construction process must meet beneficiaries' needs while also meeting directed congressional timelines and funding," Biggins explained. "All this effort is worth it, because the medical facilities serving Sailors, Marines, family members, retirees and their families are the finest in the world."

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Headline: Grand Rounds a grand success

By CDR Fred Henney, National Naval Medical Center

BETHESDA, Md. -- Healthcare workers from around the region gathered at the Bethesda Naval Club for the first Healthcare Executive Grand Rounds at the National Naval Medical Center last month.

Nearly 100 doctors, nurses, corpsmen, dentists, and healthcare administrators representing a variety of organizations met to exchange information and ideas.

The "Grand Rounds" event, organized by CDR Wynett Isley, MSC, was named for the rounds that take place in a hospital, when physicians take interns, residents and other staff on rounds to see patients as a teaching tool.

According to Isley, the event provided military medical leaders in the National Capital Area an opportunity to gather to fill their personal toolkits with healthcare

techniques, knowledge and skills"

LT Anne Bright, MSC, a member of the group who assisted Isley, called the event a "grass roots effort to give our people the continuous education they need."

Working from the theme "Re-engineering for the 21st Century: A Leader's Tool-kit for Success." Rear Adm. Bonnie B. Potter, MC, commander, National Naval Medical Center, kicked off the event addressing the challenges facing Navy medical leadership today. Referring to the pace of change, she said events such as the "Grand Rounds" are important in giving medical leadership the right tools to be successful.

According to Potter, constant changes in technology, medical practices, patient populations and the military mean that medical leadership must be flexible and ready to adapt rather than be satisfied with the "status quo." She went on to say that, though change can be difficult for a variety of reasons, it is important to realize that our diverse military medical professionals are all on the "same team working toward a common goal." By working together, learning and sharing ideas, Potter said, it may be possible to come up with new, more productive ways of doing business.

Keynote speaker, Director, Medical Service Corps Rear Adm. H.E. Phillips spoke about the importance of good, sound business practices and the need for improvement in information management systems. Phillips pointed out several ways medical leadership can make things better. One way, he said, was to make sure people understand military medicine's dual mission to provide for both health benefit and readiness.

Phillips also stressed the importance of establishing challenging goals for customer service, building teamwork, creating an environment of learning and growth, and creating trust with both customers and military line leadership by doing a good job managing the health care system and following up on work. He said it is important to have an efficient and effective system to meet our obligation to American taxpayers, but it's not enough just to lower costs. It's also important, Phillips said, to be effective in our practice.

Attendees at this first "Grand Rounds" felt it was a positive and rewarding effort. LCDR Rich Guzman, MSC, a member of the readiness division at Bureau of Medicine and Surgery, said the event also gave the attendees "an opportunity to gather and share ideas."

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Headline: Naval health research to maintain a DoD birth defects registry

By Doris Ryan, Bureau of Medicine and Surgery

SAN DIEGO, Calif. -- The Naval Health Research Center (NHRC) has been directed by Department of Defense (DoD) Health Affairs to create and maintain a surveillance project to determine the rate of birth defects among DoD health care

beneficiaries. The NHRC research team of epidemiological experts started collecting statistics on all children born to active duty and retired personnel, their spouses, and their dependents beginning January 1, 1999.

Every day 11,000 babies are born in the United States. Of those 11,000, just over 400 babies are born with a birth defect, according to statistics compiled by the March of Dimes. A birth defect is a structural abnormality or a physical irregularity that is present at birth.

Building the DoD birth defects registry requires the review of large amounts of medical data from military families worldwide. There are an estimated 250 babies born to military personnel around the world everyday. For this project, NHRC is developing cutting-edge software strategies using existing data and medical chart review. The registry will include several elements including the medical diagnostic code assigned to the birth defect, history of medical care, place of birth, date of birth, military rank of the parent(s), branch of service of the parent(s), and the parents' residential zip code. These elements can be used to monitor trends, to make comparisons with other registries, and to conduct epidemiological studies. Statistics generated from this registry will provide timely answers to reproductive questions for health policy decision makers.

NHRC Epidemiologist, Ruth Bush, (MPH) the senior investigator on the project said, "For the first time, the DoD will have at its disposal, specific birth defect data that will promote well-informed decisions and help shape an effective and caring health care policy. It is exciting to be part of such a timely project."

The information collected will increase the knowledge about the occurrence and distribution of birth defects. According to Bush, "With this information, it will be possible to see if birth defects are linked to living in certain places, working in specific jobs, or other factors such as taking specific medications during pregnancy."

"While it is important to collect this data, it is equally important to maintain individual privacy," she stressed. "In order to preserve patient confidentiality, strict data protection procedures are in place. In addition, a committee comprised of military and civilian representatives has reviewed the ethics of the project."

In April 1998, President Clinton signed legislation allocating a two year 70 million dollar budget for civilian birth defects research. Currently there is no national registry but 31 states have registries that collect comprehensive information. The statistics generated from these birth defects registries often lead to epidemiological studies, public health interventions, and improved prenatal care. State registries are not designed to identify birth defects among military families. The civilian hospital databases cannot be readily linked to military populations, because the registries do not retain personal identifying

information such as social security numbers.

"There is a clear need for the military to collect this data. It's appropriate that NHRC was selected for this important project, because we are a recognized center of epidemiological expertise," said CAPT Lawrence Frank, MC, commanding officer of NHRC.

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Headline: Groton corpsman is senior pharmacy technician of 1998

By LT Dave Florine, Naval Ambulatory Care Clinic

GROTON, Conn. -- The Naval Ambulatory Care Center (NACC) Groton is proud to announce that Hospital Corpsman Second Class Christin Spang was chosen as the 1998 Senior Navy Pharmacy Technician of the Year. Petty Officer Spang was ranked top in a competition with a field of over 20 fellow Navy Pharmacy Technicians recognized for their outstanding achievements in the pharmacy field.

Facing more experienced and senior competitors, Spang deemed to have the best overall attributes. The competition is based on significant accomplishments for the advancement of the pharmacy, development of junior personnel both technically and militarily, overall attitude toward the Navy including military bearing/character, and participation in activities outside the pharmacy.

"This award signifies to me that hard work and perseverance do get recognized," said Spang.

Her hard work is certainly evident by her accomplishments. She coordinated the change in the Pharmacy Department staffing to enhance customer service. This project consisted of transferring personnel and devising a process to distribute medications to the Care Plus Clinic after normal working hours. As a result, patient-waiting time was reduced by 10 percent and the pharmacy duty rotation greatly improved from every four days to every 10 days.

Assigned as the Naval Health Care New England Refill System Manager, she successfully coordinated the installation of the new refill system for four commands with over 1,000 refills processed daily. Due in part to her active leadership, 30 percent of the staff passed the March 1998 advancement exam by taking advantage of the daily written test questions she used as training tools.

Aside from Spang's daily duties, she was able to become an integral member of the Committee for Native American Heritage Celebration, Command Training Team, Petty Officer's Association, and was chosen to participate in a Root Cause Analysis because of her pharmaceutical knowledge.

As the Coordinator for the 1998 Caring and Sharing Program for NACC Groton, she raised over 900 dollars and 550 canned food items to help over 400 families basewide and 50 families from within NACC Groton. Spang is currently working toward her Bachelor's degree in computer science at the University of New Haven.

"In the year that Petty Officer Spang has been here at NACC Groton, she has proven to be a very high achiever as shown by her selection of Sailor of the Year and now this prestigious award," said LT Paula Laplant, MSC.

The Combined Forces Pharmacy Seminar meeting in Kansas City, Missouri from March 29 - April 3, 1999 will award Petty Officer Spang with a plaque for being chosen as Senior Pharmacy Technician of the Year. This weeklong conference will include all branches of the military force involved in the pharmacological field and is a very fitting forum to recognize the outstanding performance of Petty Officer Spang.

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Headline: DOD is ready for cyber warfare
By Jim Garamone, American Forces Press Service

WASHINGTON -- The United States military is under daily attack. The Department of Defense (DoD) routinely detects 80 to 100 "cyberincidents" on computer systems each day.

Few people can deny the world is in the midst of an information revolution. Information technology is changing the face of warfare just as the Industrial Revolution did on 19th century battlefields.

DoD has been laying the groundwork for military operations in the cyberworld in the form of a military doctrine, Joint Publication 3-13, Joint Doctrine for Information Operations. Published in October 1998 under the signature of Army Gen. Henry H. Shelton, chairman of the Joint Chiefs of Staff, the doctrine provides warfighters with the fundamental principles they need to engage an enemy whose weapon of choice is bytes, not bullets.

"Thousands of service members across the military are involved in information operations," said Air Force Brig. Gen. Bruce A. Wright, deputy director of information operations for the joint staff at the Pentagon. Information operations, according to Joint Pub 3-13, are actions taken to affect adversary information and information systems while defending one's own information and information systems.

Wright said information operations include the use of psychological operations, deception, jamming, and computer network attack and defense. It also includes operations security and electronic warfare.

Potential enemies such as information abilities, points to cyberwarfare as new form of warfare that could threaten the United States.

"We have seen enough intrusion via telecommunications links or computer network attack, that it certainly makes us watchful. Computer network attack is a real threat," Wright said.

The first mission is defense. Service members at all levels can help by practicing good operational security, said Wright information operations and DoD recently formed Joint Task Force Computer Network

Defense. The task force, based at the Defense Information Systems Agency, specifically protects DoD command and control information systems from outside attack.

"We will do as we've always done: look for opportunities in a combat environment to degrade the enemy's command and control said Wright

DoD is currently integrating information operations into exercises. The U.S. military is also working with allies to ensure joint and combined operations consider information operations.

"What we still have to do is to understand what the information explosion really means," said Wright. "We've got to stay up to speed with what private industry is doing and up to speed on what the adversary is doing and who that adversary might be."

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Headline: TRICARE question and answer

Question: How can I find out more information about the TRICARE program?

Answer: A variety of information is available at the TRICARE website, www.tricare.osd.mil. In addition you can visit or call your local TRICARE Service Center which is usually located near or within a military treatment facility (MTF), or the Health Benefits Advisor (HBA) at any MTF.

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Headline: Healthwatch: Food and nutrition can help prevent cancer

By LT Kristen Moe, MSC, Naval Hospital Pensacola

PENSACOLA, Fla. -- Cancer is a disease that occurs much too frequently. Cancer statistics are tragic and overwhelming - it is the second leading cause of death in the United States today.

- This year, an estimated 1.4 million new cases will be diagnosed.

- More than 560,000 lives lost to cancer last year.

- More than \$100 billion in total health and related costs.

- One out of every two men, and one out of every three women have a lifetime risk for developing some form of cancer

Cancer is a preventable disease. We do not know how to prevent all cancers but from the research done we know how to dramatically reduce the incidence of cancer around the world.

What can you do for prevention?

Eating right, staying physically active and maintaining a healthy weight can cut cancer risk by 30 percent to 40 percent.

Recommended dietary choices coupled with not smoking have the potential to reduce cancer risk by 60 percent to 70 percent.

As many as 375,000 cases of cancer, at current cancer rates, could be prevented each year in this nation through healthy dietary choices.

A simple change, such as eating the recommended five servings of fruits and vegetables each day, could by itself reduce cancer rates more than 20 percent.

Nutrition Recommendations:

1. Choose predominately plant-based diets rich in a variety of vegetables and fruits, legumes and minimally processed starchy staple foods.
2. Avoid being underweight or overweight and limit weight gain during adulthood to less than 11 pounds.
3. If occupational activity is low or moderate, take an hour's brisk walk or similar exercise daily, and also exercise vigorously for a total of at least one-hour in a week.
4. Eat five or more servings combined, of fruits and vegetables per day.
5. Eat seven or more whole grains per day (cereal, bread, whole grain pasta, brown rice, legumes).
6. Alcohol consumption is not recommended. If consumed, limit alcoholic drinks to less than two drinks a day for men and one for women.
7. If eaten at all, limit red meat to less than 80 grams (3 ounces) daily. It is preferable to have fish, lean poultry.
8. Limit intake of fatty foods, especially those of animal origin.
9. Limit consumption of salted foods and use of cooking and table salt. Use herbs and spices to season foods.
10. Do not eat charred food. For meat and fish eaters, avoid burning of meat juices. Occasionally consume meat and fish grilled in direct flame, cured or smoked meats.
11. Do not smoke or use tobacco in any form.

Information compiled from Food, Nutrition and the Prevention of Cancer: A Global Perspective (American Institute for Cancer Research)

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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